

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445368	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  07/30/2013
NAME OF PROVIDER OR SUPPLIER  HARRIMAN CARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 240 HANNAH ROAD HARRIMAN, TN 37748		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 045 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide adequate exit discharge lighting.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on July 30, 2013 at 1:05 p.m. revealed that the exit discharge lighting at exits by rooms 114 and 215 did not have at least a 2 bulb light fixture on emergency power.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on July 30, 2013.</p>	K 045	<p><b>K 045 Life Safety Code Standard</b></p> <p>1. 2 bulb light fixture on emergency power system scheduled to be placed by Maintenance staff, at exits by rooms 114 and 215.</p> <p>2. Staff and residents have the potential to be affected.</p> <p>3. Maintenance Staff to inspect the exits at rooms 114 and 215 for proper Illumination monthly on routine maintenance schedule.</p> <p>4. Inspection findings will be reported by the Maintenance Director to the Quality Assurance committee monthly for 2 months (Quality Assurance committee consists of/ minimally: Administrator, DON, physician, Chaplain, Unit Mgrs. and Social Services). Next Quality Assurance meeting scheduled for August 21st, 2013. Quality Assurance Committee will Review, discuss and make any necessary revisions or recommendations.</p>	9/13/13	
K 052 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 052	Continued From page 1  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain all fire alarm equipment.  The findings include:  Record review and interview with the maintenance director on July 30, 2013 at 10:45 a.m. revealed that the sprinkler pit will accumulate water or become wet and cause the tamper switches to short circuit and not function properly.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on July 30, 2013. <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to install and use electrical equipment properly.  The findings include:  Observation on July 30, 2013 between 12:00 p.m. and 12:15 p.m. revealed that resident rooms 304, 307, 308, and 312 were using oxygen concentrators that were plugged into a power strip.	K 052	K 052 Life Safety Code Standard  1. Completed on 8/18/13-The concrete lid to the sprinkler pit was removed and all soil located in the bottom of the tank was removed, tank was cleaned and all pipes were sealed and water-proofed. A new seal was installed underneath the lid to prevent leaking and to prevent electrical shorts. Sprinkler contractor was contacted by the maintenance staff to inspect switches or replace as needed to ensure system is working properly.  2. Residents have the potential to be affected.  3. Maintenance Director will inspect the sprinkler pit on a monthly basis and more often during rainy periods for reoccurrence of water entering the pit.  4. Inspection findings will be reported by the Maintenance Director to the Quality Assurance committee monthly for 3 months (Quality Assurance committee consists of: minimally: Administrator, DON, physician, Chaplain, Unit Mgrs. and Social Services). Next Quality Assurance meeting scheduled for August 21st, 2013. Quality Assurance Committee will Review, discuss and make any necessary revisions or recommendations.	9-13-13	
K 147 SS=E		K 147			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/31/2013  
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STREET ADDRESS, CITY, STATE, ZIP CODE

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K 147	Continued From page 2 This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on July 30, 2013.	K 147	K 147 Life Safety Code Standard  1. Oxygen Concentrators in Resident Rooms 304, 307, 308 and 312 were removed from power strips and plugged into wall outlet on 7/30/13.  2. All residents with physician order for oxygen have the potential to be affected.  3. All nursing staff in-serviced on assuring all oxygen concentrators are plugged into wall outlets. Maintenance Director/Designee to complete audit for all rooms with oxygen concentrators weekly for 4 weeks then monthly for 2 months to assure concentrators are plugged into wall outlets.  4. Audit findings will be reported by the Maintenance Director to the Quality Assurance committee monthly. (QA/PI committee consists of/ minimally: Administrator, DON, physician, Chaplain, Unit Mgrs. and Social Services). Next Quality Assurance meeting scheduled for August 21st, 2013. Quality Assurance Committee will Review, discuss and make any necessary revisions or recommendations.	9-13-13